

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10 / 558768	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			1				
4			1				
5			1				
6			1				
7			1				
8			1				
9			1				
10			1				
11			1				
12			1				
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48							
49							
50							
TOTAL IND.		3	8				
TOTAL DEP.		24					
TOTAL CLAIMS		27					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
S1							
S2							
S3							
S4							
S5							
S6							
S7							
S8							
S9							
S10							
S11							
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S45							
S46							
S47							
S48							
S49							
S50							
TOTAL IND.		3	8				
TOTAL DEP.		24					
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